

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
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16		1				
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18		1				
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31	1		1			
32	1		1			
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36	1		1			
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38	1		1			
39	1		1			
40	1		1			
41	1		1			
42	1		1			
43	1					
44	1					
45	1					
46	1			1		
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	9					
TOTAL DEP.	45					
TOTAL CLAIMS	54					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			-			
52				1		
53				1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
58		1		1		
59		1		1		
60		1		1		
61		1		1		
62		1		1		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			1			
TOTAL DEP.			19			
TOTAL CLAIMS			20			